

ID# 

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DES SONS

CHICAGO REPRODUCTIVE HEALTH STUDY

w/flap

*National Institute of Environmental Health Sciences  
Research Triangle Park, North Carolina  
1991*

## INFO FLAP

FOR D1.

FROM FACE SHEET: CHICAGO EXAMINATION?

YES 1 → \_\_\_\_\_  
YEAR

NO 2

FROM E1-8.

ANY PREGNANCIES?

MOST RECENT OUTCOME

YES 1 → (BABY) \_\_\_\_\_ born \_\_\_\_\_  
current pregnancy as of (TODAY) \_\_\_\_\_  
pregnancy that ended \_\_\_\_\_

NO 2

REFUSED 7 → ENTER 1985 IN REFERENCE DATE BOX.  
(GO TO E20.)

REFERENCE DATE

|               |
|---------------|
| _____<br>YEAR |
|---------------|

IF DON'T KNOW PREGNANCY OUTCOME DATE:

MONTH: PROBE FOR SEASON. ASSIGN MONTH: WINTER=JAN SPRING=APR SUMMER=JUL FALL=OCT  
YEAR: Please try to give us an estimate within 2-3 years. USE MIDPOINT.

Hello, I would like to speak with

\_\_\_\_\_.

This is \_\_\_\_\_ with the  
Chicago Reproductive Health Study.

You were recently sent a letter to let you know that  
someone from our staff would be calling to interview you.  
We would like to do this interview by telephone now. The  
interview takes about 20 minutes.

Is this a good time?

IF YES: You might be more comfortable in this interview  
if you use a phone in a quiet location away from  
other people. Do I need to hold on for you to go to  
another phone?

LETTER NOT RECEIVED:

First, let me confirm that I have reached the correct  
person. Is this \_\_\_\_\_?

Were you born in Chicago Lying-In Hospital in  
19\_\_?

(YEAR OF BIRTH FROM FACE SHEET)

IF YES: I would like to tell you about our study.

SEE FACT SHEET

ID#  (1-6)

## THE CHICAGO REPRODUCTIVE HEALTH STUDY

Form  0 4V  0 1Rec  0 1Sub  0 0BI 

(7-15)

Interviewer   
ID#Length of Interview   
MINUTESInterview Date   
MONTH DAY YEAR (16-25)Time  
Interview began \_\_\_\_\_ AM  
PM

First, I would like to ask you some general questions.

## SECTION A: DEMOGRAPHIC INFORMATION

A1. What is your date of birth?

  
MONTH DAY YEAR (26-31)

A2. How tall are you?

  
FEET INCHES (32-34)

A3. How much do you weigh?

  
POUNDS (35-37)

A4. Which hand do you prefer to write with?

RIGHT ..... 1  
LEFT ..... 2  
AMBIDEXTROUS ..... 3 (38)  
OTHER ..... 4  
SPECIFY \_\_\_\_\_\_\_\_\_\_  (39-40)

A5. What is your race? Are you White, Black, Asian, Pacific Islander, American Indian or Alaskan Native?

WHITE ..... 1  
BLACK ..... 2  
ASIAN ..... 3 (41)  
PACIFIC ISLANDER ..... 4  
AMERICAN INDIAN/ALASKAN NATIVE ..... 5  
REFUSED ..... 7



A6. Are you of Hispanic origin? (SPANISH ORIGIN)

YES ..... 1  
 NO ..... 2  
 REFUSED ..... 7 (42)  
 DON'T KNOW ..... 8

A7. Are you now married, widowed, separated, divorced, or have you never been married?

MARRIED ..... 1  
 WIDOWED ..... 2  
 SEPARATED ..... 3 (43)  
 DIVORCED ..... 4  
 NEVER MARRIED ..... (A11) ..... 5  
 REFUSED ..... (A11) ..... 7

A8. Altogether, how many times have you been married?

(44-45)  
 # MARRIAGES  
 REFUSED=97

ASK A9 THEN A10 FOR EACH MARRIAGE.

A9. In what month and year were you married [the (#) time]?

A10. How long were you living together in that marriage?  
 STILL MARRIED=96,  
 REFUSED=97, LESS THAN 1=00

WRITE MONTH

a. 1st   \_\_\_\_\_ 19    
 b. 2nd   \_\_\_\_\_ 19    
 c. 3rd   \_\_\_\_\_ 19    
 d. 4th   \_\_\_\_\_ 19

# YEARS

(46-51)  
  (52-57)  
  (58-63)  
  (64-69)

A11. Did you serve in Viet Nam?

YES ..... 1  
 NO ..... (SECTION B) ..... 2 (70)

A12. Which years were you in Viet Nam?

CODE ALL THAT APPLY.

BEFORE AND IN '66 ..... 66 (71-72)  
 '67 ..... 67 (73-74)  
 '68 ..... 68 (75-76)  
 '69 ..... 69 (77-78)  
 '70 ..... 70 (79-80)  
 '71 ..... 71 (81-82)  
 '72 ..... 72 (83-84)  
 '73 ..... 73 (85-86)  
 '74 ..... 74 (87-88)  
 AFTER AND IN '75 ..... 75 (89-90)  
 REFUSED ..... 97  
 DON'T KNOW ..... 98 (91-92)

## SECTION B: SMOKING HISTORY

The next questions are about your exposure to cigarette smoke.

- B1. Have you ever smoked cigarettes on a regular basis? That is, have you ever smoked an average of at least one cigarette a day for six months or more? YES ..... 1  
NO ..... (B8) ..... 2 (93)
- B2. At what age did you first start smoking cigarettes on a regular basis?   (94-95)  
AGE
- B3. Do you currently smoke an average of at least one cigarette a day? YES ..... (B5) ..... 1  
NO ..... 2 (96)
- B4. How old were you when you quit smoking (at least one cigarette a day)?   (97-98)  
YEARS OLD
- B5. How many cigarettes (do/did) you usually smoke each day?    (99-101)  
# CIGARETTES
- B6. Were there ever times when you stopped smoking cigarettes for a year or more and then started smoking again? YES ..... 1  
NO ..... (B8) ..... 2 (102)
- B7. For how many years total did you stop?   (103-104)  
YEARS  
DON'T KNOW = 98
- B8. Did your mother smoke cigarettes when she was pregnant with you? YES ..... 1  
NO ..... 2 (105)  
DON'T KNOW  
PROBE DON'T KNOW: Would you say probably yes, probably no, or don't know? PROBABLY YES ..... 3  
PROBABLY NO ..... 4  
DON'T KNOW ..... 8
- B9. Did your father smoke cigarettes at home when your mother was pregnant with you? YES ..... 1  
NO ..... 2 (106)  
DON'T KNOW  
PROBABLY YES ..... 3  
PROBABLY NO ..... 4  
DON'T KNOW ..... 8
- B10. During your childhood, did (PERSON) smoke cigarettes at home?
- |  | YES | NO     | DK     |       |
|--|-----|--------|--------|-------|
| a. your mother or mother substitute .....    | 1   | 2      | 8      | (107) |
| b. your father or father substitute .....    | 1   | 2      | 8      | (108) |
| c. any other members of your household ..... | 1   | 2 (C1) | 8 (C1) | (109) |
- How many others? .....   (110-111)  
# OTHERS

Thank you.

In this next section, I will be asking some questions about your medical history. Some of these diseases or conditions may be unfamiliar to you. If a disease is totally unfamiliar, you can probably assume that you have never had it.

# SECTION C: MEDICAL HISTORY

Rec 02

The first question is about hives.

- C1. Have you ever had hives?
- |                             |   |      |
|-----------------------------|---|------|
| YES .....                   | 1 |      |
| NO ..... (C5) .....         | 2 | (16) |
| DON'T KNOW ..... (C5) ..... | 8 |      |
- C2. When you first had hives, were you a child or an adult?  
(ADULT =18+)
- |             |   |      |
|-------------|---|------|
| CHILD ..... | 1 |      |
| ADULT ..... | 2 | (17) |
- C3. In the past 12 months, have you had hives?
- |                             |   |      |
|-----------------------------|---|------|
| YES .....                   | 1 |      |
| NO ..... (C5) .....         | 2 | (18) |
| DON'T KNOW ..... (C5) ..... | 8 |      |
- C4. How many times in the past 12 months have you had hives?
- |  |  |         |
|--|--|---------|
| <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></div> | <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></div> | (19-20) |
| EPISODES   |  |         |
- C5. In the past 12 months, have you had symptoms of hay fever?
- |                             |   |      |
|-----------------------------|---|------|
| YES .....                   | 1 |      |
| NO ..... (C7) .....         | 2 | (21) |
| DON'T KNOW ..... (C7) ..... | 8 |      |
- C6. Approximately how many weeks of the year do you have symptoms of hay fever?
- |  |  |         |
|--|--|---------|
| <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></div> | <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></div> | (22-23) |
| WEEKS  |  |         |
- C7. In the past 12 months, have you had (CONDITION)?
- a. a cold
- |                  |   |      |
|------------------|---|------|
| YES .....        | 1 |      |
| NO .....         | 2 | (24) |
| DON'T KNOW ..... | 8 |      |
- b. flu of any type with symptoms of fever, body ache, or intestinal upsets
- |                  |   |      |
|------------------|---|------|
| YES .....        | 1 |      |
| NO .....         | 2 | (25) |
| DON'T KNOW ..... | 8 |      |
- C8. Are there any foods that cause you to have allergic reactions like skin redness, skin rashes, swelling, difficulty breathing, watery eyes, or sneezing?
- |                              |   |      |
|------------------------------|---|------|
| YES .....                    | 1 |      |
| NO ..... (C11) .....         | 2 | (26) |
| DON'T KNOW ..... (C11) ..... | 8 |      |

Now I would like to ask you about certain foods that may cause an allergic reaction like skin redness, skin rash, swelling, difficulty breathing, watery eyes, or sneezing.

- C9. Do (FOOD) cause you to have any of these symptoms? (REPEAT LIST OF SYMPTOMS IF ASKED.  
IF YES TO ANY FOOD, REPEAT LIST OF SYMPTOMS TO CONFIRM.)

|  | YES | NO | DK |  |
|--|-----|----|----|--|
| a. eggs  | 1   | 2  | 8  | (27)   |
| b. any milk products                                   | 1   | 2  | 8  | (28)   |
| c. fish or shellfish                                   | 1   | 2  | 8  | (29)   |
| d. any meats including poultry                         | 1   | 2  | 8  | (30)   |
| e. any grains like wheat or rice                       | 1   | 2  | 8  | (31)   |
| f. any food additives like sulfites                    | 1   | 2  | 8  | (32)   |
| g. any legumes such as soy products, beans, or lentils | 1   | 2  | 8  | (33)   |
|  |     |    |    | C10. How many (other vegetables/fruits)?                               |
| h. any other vegetables IF YES (C10)                   | 1   | 2  | 8  | <input type="text"/> <input type="text"/> <input type="text"/> (34-36) |
| i. any fruits IF YES (C10)                             | 1   | 2  | 8  | <input type="text"/> <input type="text"/> <input type="text"/> (37-39) |
| j. other foods _____                                   | 1   | 2  | 8  | (40)   |

- C11. Are there any drugs that cause you to have allergic reactions like skin redness, skin rashes, swelling, difficulty breathing, watery eyes, or sneezing?

YES ..... 1  
NO ..... (C13) ..... 2 (41)  
DON'T KNOW ..... (C13) ..... 8

- C12. What drugs are you allergic to?

|       |  |         |
|-------|--|---------|
| _____ | <input type="text"/> <input type="text"/> <input type="text"/> | (42-44) |
| _____ | <input type="text"/> <input type="text"/> <input type="text"/> | (45-47) |
| _____ | <input type="text"/> <input type="text"/> <input type="text"/> | (48-50) |

C13. Have you **ever** been diagnosed by a doctor or other medical personnel as having (CONDITION)

IF YES (C14)

C14. In what year were you first diagnosed as having (CONDITION)?

|  |   |   |         |
|--|---|---|---------|
| a. shingles?   | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (51-53) |
| b. eczema?   | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (54-56) |
| c. asthma?   | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (57-59) |
| d. chronic fatigue syndrome?   | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (60-62) |
| e. mononucleosis or "mono"?  | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (63-65) |
| f. rheumatoid arthritis?   | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (66-68) |
| g. over-active thyroid? This includes Grave's disease, Hashimoto's disease or hyperthyroidism. | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (69-71) |
| h. under-active thyroid or hypothyroidism?   | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (72-74) |
| i. any other thyroid problem?  | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (75-77) |
| j. pernicious anemia?  | YES ..... 1<br>NO ..... 2<br>DK ..... 8 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (78-80) |



C15. Have you ever been diagnosed by a doctor or other medical personnel as having (CONDITION)

IF YES (C16)

a. high blood pressure?

YES ..... 1  
NO ..... 2  
DK ..... 8

b. convulsions or seizures?

YES ..... 1  
NO ..... 2  
DK ..... 8

c. a stomach ulcer or colitis?

YES ..... 1  
NO ..... 2  
DK ..... 8

d. diabetes?

YES ..... 1  
NO ..... 2  
DK ..... 8

e. tuberculosis?

YES ..... 1  
NO ..... 2  
DK ..... 8

f. hepatitis?

YES ..... 1  
NO ..... 2  
DK ..... 8

g. leukemia, Hodgkin's Disease, lung cancer or any other kind of cancer?

YES ..... 1  
NO ..... 2  
DK ..... 8

IF YES: What kind? \_\_\_\_\_

\_\_\_\_\_

h. HIV infection or AIDS?

YES ..... 1  
NO ..... 2  
DK ..... 8

i. infection of the testicles caused by mumps?

YES ..... 1  
NO ..... 2  
DK ..... 8

j. gonorrhea or syphilis?

YES ..... 1  
NO ..... 2  
DK ..... 8

k. genital warts or herpes?

YES ..... 1  
NO ..... 2  
DK ..... 8

l. NGU (nongonococcal urethritis) or chlamydial infection?

YES ..... 1  
NO ..... 2  
DK ..... 8

C16. In what year were you first diagnosed as having (CONDITION)?

19

(81-83)

19

(84-86)

19

(87-89)

19

(90-92)

19

(93-95)

19

(96-98)

19

(99)

19

(100-103)

19

(104-107)

19

(108-110)

19

(111-113)

19

(114-116)

19

(117-119)

19

(120-122)

C15 &amp; C16 continued...

Rec 03

Have you ever been diagnosed by a doctor  
or other medical personnel as having (CONDITION)

C16. In what year were you first  
diagnosed as having (CONDITION)?

IF YES (C16)

m. any other infection of your genitals,  
including testicles, penis, scrotum,  
prostate, and epididymis not  
mentioned before?

YES ..... 1  
NO ..... 2  
DK ..... 8

(16)

IF YES: What kind?

 
19  

(17-20)

 
19  

(21-24)

 
19  

(25-28)

 
19  

(29-32)

C17. Have you ever had (SURGERY)

IF YES (C18)

C18. In what year was the (SURGERY)?

a. a vasectomy?

YES ..... 1  
NO ... (C17c.) ... 2

19  

(33-35)

b. a vasectomy reversed?

YES ..... 1  
NO ..... 2  
DK ..... 8

19  

(36-38)

c. any other surgery of  
the genitals other than  
circumcision?

YES ..... 1  
NO ... (C19) ... 2  
DK ... (C19) ... 8

(39)

IF YES: What surgery?

 
19  

(40-43)

 
19  

(44-47)

 
19  

(48-51)

C19. Have you ever been diagnosed as having a varicocele  
or varicose veins of the scrotum?

YES ..... 1  
NO ..... (C21) ..... 2  
DK ..... (C21) ..... 8

(52)

C20. IF YES:

In what year were you first diagnosed as having a  
varicocele (or varicose veins of the scrotum)?

19

YEAR

(53-54)

IF DK: PROBE FOR AGE.

RF=97, DK=98

C21. Considering your entire life back to infancy, have you ever been diagnosed by a doctor or other medical personnel as having any anatomical abnormalities of (ITEM)

IF YES (C22)

a. the prostate?

YES ..... 1  
NO ..... 2  
RF ..... 7  
DK ..... 8

b. the scrotum?

YES ..... 1  
NO ..... 2  
RF ..... 7  
DK ..... 8

c. the epididymis?

YES ..... 1  
NO ..... 2  
RF ..... 7  
DK ..... 8

d. the penis?

YES ..... 1  
NO ..... 2  
RF ..... 7  
DK ..... 8

e. the testicles?

YES ..... 1  
NO .... (C23) ... 2  
RF .... (C23) ... 7  
DK .... (C23) ... 8

IF YES: What kind? \_\_\_\_\_





C22. In what year were you first diagnosed as having an abnormality of the (ITEM)?

RF=97, DK=98

IF DK: PROBE FOR AGE

19   (55-57)

19   (58-60)

19   (61-63)

19   (64-66)

(67)

19   (68-71)

19   (72-75)

19   (76-79)

19   (80-83)

C23. Have you ever been diagnosed as having any other genital problems not mentioned before?

YES ..... 1  
NO ..... (SECTION D) ... 2 (84)  
DON'T KNOW ..... (SECTION D) ... 8

C24. IF YES:  
What kind?




C25. In what year were you first diagnosed as having (PROBLEM)?

IF DK: PROBE FOR AGE. RF=97,

19   (85-88)

19   (89-92)

19   (93-96)



## SECTION D: GENERAL INFORMATION

SEE FACE SHEET FOR CHICAGO EXAMINATION INFORMATION. ENTER DATE ON INFO FLAP AND AT D1.

D1. CHICAGO EXAM?

YES ..... 1  
NO ..... (SECTION E) ..... 2 (97)

Now, I want you to think back to 19   . EXAMINATION YEAR FROM FACE SHEET

(98-99)

The University of Chicago Urology Clinic has told us that you were one of a group of men who had (a/their first) semen analysis that year. Does that sound right?

We would like to get some information about that year. It might help if you could think about how old you were, where you were living, and what you were doing at that time.

-----PAUSE-----

D2. First, I'll ask you about the job you had then. What kind of work were you doing in 19\_\_\_\_?

\_\_\_\_\_

D3. Now I'd like to ask you about things you might have been exposed to in 19\_\_\_\_ as part of your work on the job or in your hobbies or recreational activities. Were you exposed to any of the following at least once a week?

|  | YES | NO | DK |       |
|--|-----|----|----|-------|
| a. radiation, including x-rays or radio frequency radiation .....        | 1   | 2  | 8  | (100) |
| b. excessive heat, including hot tubs or saunas                          | 1   | 2  | 8  | (101) |
| c. metal fumes, metal dust .....   | 1   | 2  | 8  | (102) |
| d. fuel vapor .....  | 1   | 2  | 8  | (103) |
| e. solvents, stains, lacquers, adhesives ..                              | 1   | 2  | 8  | (104) |
| f. paints, paint strippers .....   | 1   | 2  | 8  | (105) |
| g. degreasers .....  | 1   | 2  | 8  | (106) |
| h. gases, like nitrous oxide, carbon monoxide, or hydrogen cyanide ..... | 1   | 2  | 8  | (107) |
| i. pesticides or herbicides .....  | 1   | 2  | 8  | (108) |
| j. other chemicals .....   | 1   | 2  | 8  | (109) |

IF YES: Which?   (110-111)

(112-113)

(114-115)

(116-117)

The next questions are about beverages, beginning with coffee. First, I will ask about instant coffees, and then brewed. Think back to 19\_\_\_\_, the year you were examined at the University of Chicago hospitals.  
YEAR OF CHICAGO EXAMINATION

Rec 04

- D4. On average, how many cups of (BEVERAGE) did you drink per day, per week or per month in 19\_\_\_\_  
(YEAR OF CHICAGO EXAMINATION)?

|    |  | USUAL NUMBER OF CUPS                          |                      |                      |                      |            |
|----|--|---|----------------------|----------------------|----------------------|------------|
|    |  | LESS THAN 1 PER MONTH = 00<br>DON'T KNOW = 98 | PER<br>DAY           | PER<br>WEEK          | PER<br>MONTH         | NONE       |
| a. | instant caffeinated coffee . . . . .   |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00 (16-23) |
| b. | instant decaffeinated coffee . . . . . |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00 (24-31) |
| c. | brewed caffeinated coffee . . . . .    |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00 (32-39) |
| d. | brewed decaffeinated coffee . . . . .  |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00 (40-47) |

- D5. On average, how many cups or glasses of (BEVERAGE) did you drink per day, per week or per month in 19\_\_\_\_(YEAR OF CHICAGO EXAMINATION)?

|    |   | USUAL NUMBER OF CUPS/GLASSES                  |                      |                      |                      |            |
|----|---|---|----------------------|----------------------|----------------------|------------|
|    |   | LESS THAN 1 PER MONTH = 00<br>DON'T KNOW = 98 | PER<br>DAY           | PER<br>WEEK          | PER<br>MONTH         | NONE       |
| a. | herbal or decaffeinated<br>tea, hot or iced . . . . . |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00 (48-55) |
| b. | regular tea, hot or iced . . . . .                    |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00 (56-63) |

- D6. On average, how many servings of (BEVERAGE) did you drink per day, per week or per month in 19\_\_\_\_(YEAR OF CHICAGO EXAMINATION)?

|    |  | USUAL NUMBER                                  |                      |                      |                      |            |
|----|--|---|----------------------|----------------------|----------------------|------------|
|    |  | LESS THAN 1 PER MONTH = 00<br>DON'T KNOW = 98 | PER<br>DAY           | PER<br>WEEK          | PER<br>MONTH         | NONE       |
| a. | caffeinated soft drinks<br>like Coke and Mello Yello . . . . . |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00 (64-71) |
| b. | caffeine-free soft drinks<br>like 7-UP . . . . .               |   | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00 (72-79) |

D7. On average, how many (BEVERAGE) did you drink per day, per week or per month in 19\_\_\_\_(YEAR OF CHICAGO EXAMINATION)?

|                            |                                   | USUAL NUMBER OF CUPS/GLASSES |                      |                      |             |
|----------------------------|-----------------------------------|------------------------------|----------------------|----------------------|-------------|
|                            |                                   | PER DAY                      | PER WEEK             | PER MONTH            | NONE        |
| LESS THAN 1 PER MONTH = 00 |                                   |                              |                      |                      |             |
| DON'T KNOW = 98            |                                   |                              |                      |                      |             |
| a.                         | bottles or cans of beer . . . . . | <input type="text"/>         | <input type="text"/> | <input type="text"/> | 00 (80-87)  |
| b.                         | glasses of wine . . . . .         | <input type="text"/>         | <input type="text"/> | <input type="text"/> | 00 (88-95)  |
| c.                         | shots of liquor . . . . .         | <input type="text"/>         | <input type="text"/> | <input type="text"/> | 00 (96-103) |

D8. How many cigarettes did you usually smoke per day in 19\_\_\_\_?

# CIGARETTES  
LESS THAN 1 = 000  
DON'T KNOW = 998 (104-106)

D9. Did you use (ITEM) in 19\_\_\_\_  
(YEAR OF CHICAGO EXAMINATION)?

D10. On average, how many times did you use  
(ITEM) per day, per week, or per month in 19\_\_\_\_  
(YEAR OF CHICAGO EXAMINATION)?

LESS THAN 1 PER MONTH=00, REFUSED=97  
DON'T KNOW=98

Rec 05

|    |                            | IF YES: (D10)   | PER DAY              | PER WEEK             | PER MONTH            | NONE |         |
|----|----------------------------|---|----------------------|----------------------|----------------------|------|---------|
| a. | snuff or chewing tobacco   | YES . . . . 1<br>NO . . . . 2<br>RF . . . . 7<br>DK . . . . 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (16-24) |
| b. | cigars or pipe tobacco     | YES . . . . 1<br>NO . . . . 2<br>RF . . . . 7<br>DK . . . . 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (25-33) |
| c. | marijuana                  | YES . . . . 1<br>NO . . . . 2<br>RF . . . . 7<br>DK . . . . 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (34-42) |
| d. | hallucinogens, such as LSD | YES . . . . 1<br>NO . . . . 2<br>RF . . . . 7<br>DK . . . . 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (43-51) |
| e. | cocaine, crack, or heroin  | YES . . . . 1<br>NO . . . . 2<br>RF . . . . 7<br>DK . . . . 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (52-60) |
| f. | stimulants or downers      | YES . . . . 1<br>NO . . . . 2<br>RF . . . . 7<br>DK . . . . 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (61-69) |

## SECTION E: REPRODUCTIVE HISTORY

The next questions are about your reproductive history.

- E1. Have you ever had any children? YES ..... 1  
 That is, have you ever been the biological father of any children including any who died after birth? NO ..... (E2) .... 2  
 REFUSED . (E2) .... 7  
 DK ..... (E2) .... 8

- a. How many children altogether have you fathered?  
 (INCLUDE ANY NO LONGER ALIVE.)

ASK b-e FOR EACH PREGNANCY. RECORD IN PREGNANCY OUTCOME TABLE.

- b. In what month and year was your (#) child born?  
 c. Was that child a boy or girl?  
 (TWINS OR MORE: CODE 3 GO TO NEXT PREGNANCY)  
 d. What is your (#) child's first name?  
 e. Did (BABY) require extra hospitalization because of prematurity?

- E2. What about a current pregnancy, is someone currently pregnant with your child? YES ..... 1  
 NO ..... (E2) .... 2  
 REFUSED ..... 7  
 DK ..... 8  
 RECORD IN PREGNANCY TABLE.  
 ENTER TODAY'S DATE.

Have you fathered any other pregnancy that ended in:

- E3. a miscarriage or blighted ovum? YES ..... 1  
 NO ..... (E4) .... 2  
 RF ..... (E4) .... 7  
 DK ..... (E4) .... 8

- a. How many?

ASK E3b FOR EACH MISCARRIAGE.  
 RECORD IN PREGNANCY OUTCOME TABLE.

- b. In what year did the (# OUTCOME) occur?

- E4. an elective abortion? YES ..... 1  
 NO ..... (E5) .... 2  
 RF ..... (E5) .... 7  
 DK ..... (E5) .... 8

- a. How many?

ASK E4b FOR EACH ELECTIVE ABORTION.  
 RECORD IN PREGNANCY OUTCOME TABLE.

- b. In what year did the (# OUTCOME) occur?

- E5. a stillbirth, tubal pregnancy, or molar pregnancy? YES ..... 1  
 NO ..... (E7) .... 2  
 RF ..... (E7) .... 7  
 DK ..... (E7) .... 8

- a. Which of those?

ASK b FOR EACH. RECORD IN PREGNANCY OUTCOME TABLE.

- b. In what year did the (OUTCOME) occur?  
 PROBE: Any others? ASK E5 a&b FOR ALL OTHERS.  
 GO TO E7.

CODE IN  
 PREGNANCY  
 OUTCOME TABLE

(70)

(71-72)  
 # CHILDREN  
 RF=97/DK=98..E2

(73)  
 PG TABLE  
 TODAY'S DATE

(74)  
 (75-76)  
 # MISCARRIAGES  
 RF=97/DK=98..E4

(77)  
 (78-79)  
 ELEC. ABORTIONS  
 RF=97/DK=98..E5

(80)  
 ASK E5a&b



## PREGNANCY OUTCOME TABLE

IF LIVE BIRTH

Rec 06

E6.

| OUTCOME |  | DATE   | SEX  | PREEMIE   |
|---------|--|--|--|---|
| (01)    | LIVE BIRTH..... 1<br>CURRENTLY PREG..... 2<br>MISCARRIAGE..... 3<br>ELECTIVE ABORTION..... 4<br>OTHER, SPECIFY..... 5<br>_____ | <div> <div> <div> </div><div> </div> </div> <div> <div> </div><div> </div> </div> </div> <div>MONTH YEAR</div> <div>RF=97</div> <div>DK=98</div> <div><input type="checkbox"/></div> | <div>BOY..... 1</div> <div>GIRL..... 2</div> <div>TWINS OR MORE..... 3</div> <div>NAME _____</div> | <div>YES..... 1</div> <div>NO..... 2</div> <div>DK..... 8</div> |
| (02)    | LIVE BIRTH..... 1<br>CURRENTLY PREG..... 2<br>MISCARRIAGE..... 3<br>ELECTIVE ABORTION..... 4<br>OTHER, SPECIFY..... 5<br>_____ | <div> <div> <div> </div><div> </div> </div> <div> <div> </div><div> </div> </div> </div> <div>MONTH YEAR</div> <div>RF=97</div> <div>DK=98</div> <div><input type="checkbox"/></div> | <div>BOY..... 1</div> <div>GIRL..... 2</div> <div>TWINS OR MORE..... 3</div> <div>NAME _____</div> | <div>YES..... 1</div> <div>NO..... 2</div> <div>DK..... 8</div> |
| (03)    | LIVE BIRTH..... 1<br>CURRENTLY PREG..... 2<br>MISCARRIAGE..... 3<br>ELECTIVE ABORTION..... 4<br>OTHER, SPECIFY..... 5<br>_____ | <div> <div> <div> </div><div> </div> </div> <div> <div> </div><div> </div> </div> </div> <div>MONTH YEAR</div> <div>RF=97</div> <div>DK=98</div> <div><input type="checkbox"/></div> | <div>BOY..... 1</div> <div>GIRL..... 2</div> <div>TWINS OR MORE..... 3</div> <div>NAME _____</div> | <div>YES..... 1</div> <div>NO..... 2</div> <div>DK..... 8</div> |
| (04)    | LIVE BIRTH..... 1<br>CURRENTLY PREG..... 2<br>MISCARRIAGE..... 3<br>ELECTIVE ABORTION..... 4<br>OTHER, SPECIFY..... 5<br>_____ | <div> <div> <div> </div><div> </div> </div> <div> <div> </div><div> </div> </div> </div> <div>MONTH YEAR</div> <div>RF=97</div> <div>DK=98</div> <div><input type="checkbox"/></div> | <div>BOY..... 1</div> <div>GIRL..... 2</div> <div>TWINS OR MORE..... 3</div> <div>NAME _____</div> | <div>YES..... 1</div> <div>NO..... 2</div> <div>DK..... 8</div> |
| (05)    | LIVE BIRTH..... 1<br>CURRENTLY PREG..... 2<br>MISCARRIAGE..... 3<br>ELECTIVE ABORTION..... 4<br>OTHER, SPECIFY..... 5<br>_____ | <div> <div> <div> </div><div> </div> </div> <div> <div> </div><div> </div> </div> </div> <div>MONTH YEAR</div> <div>RF=97</div> <div>DK=98</div> <div><input type="checkbox"/></div> | <div>BOY..... 1</div> <div>GIRL..... 2</div> <div>TWINS OR MORE..... 3</div> <div>NAME _____</div> | <div>YES..... 1</div> <div>NO..... 2</div> <div>DK..... 8</div> |

ADDITIONAL PREGNANCIES ARE ON SUPPLEMENTARY SHEETS

E7. I have recorded that you have fathered (TOTAL # PREGNANCIES IN date column) pregnancies. Is that correct? ENTER CORRECT # IN E7. TOTAL # OUTCOMES IF 00, OR IF ALL OUTCOMES REFUSED OR DON'T KNOW, ENTER ON INFO FLAP, SKIP TO E20.

E8. FIND AND ☒ MOST RECENT IN DATE COLUMN. (IF ANY DATE RF OR DK: Which was the most recent?) Also, from what I've recorded, the most recent pregnancy that you fathered was: REVIEW DATE COLUMN.

|  |   |         |
|--|---|---------|
| IF LIVE BIRTH: _____ (BABY) _____ born   | <div> </div> <div> </div> <div> </div> <div> </div> | (18-21) |
| IF CURR. PREGNANT: the current pregnancy. (TODAY'S DATE)   | <div> </div> <div> </div> <div> </div> <div> </div> | (22-25) |
| IF OTHER: the pregnancy that ended   | <div> </div> <div> </div> <div> </div> <div> </div> | (26-29) |
| MONTH YEAR   |   |         |
| IF <input checked="" type="checkbox"/> DATE REFUSED: a (OUTCOME) for which a date is not given. GO TO E16. |   |         |
| IF <input checked="" type="checkbox"/> DATE DON'T KNOW: a (OUTCOME) for which a date is not certain.       |   |         |
| USE PROBES ON <u>INFO FLAP</u> TO GET DATE.  |   |         |

Is that correct? Give me a minute to enter that information in one other place in the questionnaire. ENTER MOST RECENT ON INFO FLAP.

Rec 07  
(16-17)

Now I'd like to ask some questions about that (most recent) pregnancy. I'd like to ask about whether it was hard for you and your partner to get pregnant that time. Some couples try for months or years to get pregnant. Other couples get pregnant very easily, sometimes even while using contraception to prevent pregnancy.

- E9. Think back to that most recent pregnancy you fathered. Around the time when your partner got pregnant, had you and she been trying to get pregnant, trying not to get pregnant, or not concerned about whether or not she got pregnant?
- |                         |       |   |      |
|-------------------------|-------|---|------|
| TRYING .....            | (E12) | 1 |      |
| TRYING NOT TO GET ..... | (E10) | 2 |      |
| NOT CONCERNED .....     | (E10) | 3 | (30) |
| REFUSED .....           | (E10) | 7 |      |
| DON'T KNOW .....        | (E9a) | 8 |      |
- a. IF DON'T KNOW:  
What would be your best guess?
- |                         |       |   |      |
|-------------------------|-------|---|------|
| TRYING .....            | (E12) | 1 |      |
| TRYING NOT TO GET ..... |       | 2 |      |
| NOT CONCERNED .....     |       | 3 | (31) |
| REFUSED .....           |       | 7 |      |
| STILL DON'T KNOW .....  |       | 8 |      |
- E10. The next question is about contraception. This includes anything that might prevent pregnancy, such as condoms, diaphragm, withdrawal, safe days by the calendar, or any other method.
- Around the time when your partner got pregnant with that most recent pregnancy, were either of you using some method of contraception, at least some of the time, but she got pregnant anyway?
- |                  |        |   |      |
|------------------|--------|---|------|
| YES .....        | (E11)  | 1 |      |
| NO .....         | (E12)  | 2 |      |
| REFUSED .....    | (E12)  | 7 | (32) |
| DON'T KNOW ..... | (E10a) | 8 |      |
- a. IF DON'T KNOW:  
What would be your best guess?
- |                  |       |   |      |
|------------------|-------|---|------|
| YES .....        |       | 1 |      |
| NO .....         | (E12) | 2 |      |
| REFUSED .....    | (E12) | 7 | (33) |
| DON'T KNOW ..... | (E12) | 8 |      |
- E11. Was your use of contraception regular and consistent around that time or was it somewhat irregular?
- |                              |        |   |      |
|------------------------------|--------|---|------|
| REGULAR AND CONSISTENT ..... | (E14)  | 1 |      |
| SOMEWHAT IRREGULAR .....     | (E11b) | 2 |      |
| REFUSED .....                | (E14)  | 7 | (34) |
| DON'T KNOW .....             | (E11a) | 8 |      |
- a. IF DON'T KNOW:  
What is your best guess?
- |                              |        |   |      |
|------------------------------|--------|---|------|
| REGULAR AND CONSISTENT ..... | (E14)  | 1 |      |
| SOMEWHAT IRREGULAR .....     | (E11b) | 2 |      |
| REFUSED .....                | (E14)  | 7 | (35) |
| DON'T KNOW .....             | (E14)  | 8 |      |
- b. IF SOMEWHAT IRREGULAR:  
For how many months in a row had you and she been using contraception somewhat irregularly before she became pregnant?
- |  |                      |  |         |
|--|----------------------|--|---------|
|  |                      |  | (36-37) |
|  | MONTHS (E14)         |  |         |
|  | DON'T KNOW=98 (E11c) |  |         |
- c. IF DON'T KNOW:  
Would you say that you had been using contraception somewhat irregularly for 3 months or less, between 3 months and a year, or more than a year?
- |                          |       |   |      |
|--------------------------|-------|---|------|
| 3 MOS OR LESS .....      | (E14) | 1 |      |
| BETWEEN 3 MOS/YEAR ..... | (E14) | 2 |      |
| MORE THAN A YEAR .....   | (E14) | 3 | (38) |
| REFUSED .....            | (E14) | 7 |      |
| DON'T KNOW .....         | (E14) | 8 |      |

- E12. Had your partner ever used birth control pills before that (most recent) pregnancy you fathered?
- YES ..... 1  
NO ..... (E13) ..... 2 (39)  
DON'T KNOW ..... (E13) ..... 8
- a. IF YES:  
Were birth control pills the last method of contraception you and she used before she got pregnant?
- YES ..... 1  
NO ..... (E13) ..... 2 (40)  
DON'T KNOW ..... (E13) ..... 8
- b. IF YES:  
Some couples wait a few months after stopping the pill before letting themselves get pregnant. Did you and she avoid sex or do anything else to prevent pregnancy for a while after she stopped using the pill?
- YES ..... 1  
NO ..... (E13) ..... 2 (41)  
DON'T KNOW ..... (E13) ..... 8
- c. IF YES:  
For how many months did you and she avoid sex or do anything else to prevent pregnancy?
- (42-43)  
    MONTHS (E13)  
DON'T KNOW=98 (E12d)
- d. IF DON'T KNOW:  
What would be your best guess?
- (44-45)  
    MONTHS (E13)  
DON'T KNOW=98
- E13. Some couples get pregnant right away when they start having sexual intercourse without doing anything to prevent pregnancy, others take a long time.
- How many months did it take you and your partner to get pregnant with that (most recent) pregnancy?
- (46-48)  
    MONTHS (E14)  
DON'T KNOW=998 (E13a)
- a. IF DON'T KNOW:  
What would be your best guess?
- (49-51)  
    MONTHS (E14)  
STILL DON'T KNOW=998 (E13b)
- b. IF UNABLE TO GUESS:  
If you were to give a ballpark estimate of how long it took you and your partner to get pregnant, would you say that it took you 3 months or less, between 3 months and a year, or over a year to get pregnant?
- 3 MONTHS OR LESS ..... 1  
BETWEEN 3 MOS/YEAR ..... 2  
MORE THAN A YEAR ..... 3 (52)  
DON'T KNOW ..... 8
- E14. Around that time, did your partner regularly smoke cigarettes?
- YES ..... 1  
NO ..... (E15) ..... 2 (53)  
DON'T KNOW ..... (E15) ..... 8
- a. How many cigarettes a day would you say your partner smoked?
- (54-55)  
    # CIGARETTES  
LESS THAN 1 A DAY=00  
DON'T KNOW=98
- E15. Was this pregnancy conceived with medical interventions, such as fertility drugs or artificial insemination?
- YES ..... 1  
NO ..... 2  
REFUSED ..... 7 (56)  
DON'T KNOW ..... 8



- E16. Have you ever had a problem or been concerned about a possible problem with your fertility?
- |            |       |   |
|------------|-------|---|
| YES        | 1     |   |
| NO         | (E17) | 2 |
| REFUSED    | (E17) | 7 |
| DON'T KNOW | (E17) | 8 |
- (57)
- a. Were you concerned about your fertility before you knew that your mother was in a research study at the University of Chicago Hospitals?
- |            |   |   |
|------------|---|---|
| YES        | 1 |   |
| NO         |   | 2 |
| REFUSED    |   | 7 |
| DON'T KNOW |   | 8 |
- (58)
- b. Have you ever had a medical examination for fertility problems not counting any medical exam you might have had at the University of Chicago Hospitals?
- |         |       |   |
|---------|-------|---|
| YES     | 1     |   |
| NO      | (E17) | 2 |
| REFUSED | (E17) | 7 |
- (59)
- c. What was found? Was there a problem with your reproductive system, with your partner's, with both or was nothing found?
- |                     |   |  |
|---------------------|---|--|
| FEMALE REPRODUCTION | 1 |  |
| MALE REPRODUCTION   | 2 |  |
| BOTH                | 3 |  |
| NOTHING FOUND       | 4 |  |
| REFUSED             | 7 |  |
| DON'T KNOW          | 8 |  |
- (60)
- E17. For any of the pregnancies that you fathered, did it ever take more than 12 months of unprotected intercourse for you and a partner to get pregnant?
- |            |       |   |
|------------|-------|---|
| YES        | 1     |   |
| NO         | (E18) | 2 |
| REFUSED    | (E18) | 7 |
| DON'T KNOW | (E18) | 8 |
- (61)
- a. How old were you when this first happened? Please give your age at the beginning of the period when you were having unprotected intercourse.
- |  |  |
|--|--|
|  |  |
|--|--|
- AGE
- (62-63)
- b. How long did this period last, that is, for how many months were you having unprotected intercourse without contracepting?
- |  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|
- # MONTHS
- (64-66)
- PROBE DK FOR BEST GUESS.

GO TO E23.

- E18. Are you and a partner currently trying to get pregnant, or are you having intercourse without using any contraception?
- |            |       |   |
|------------|-------|---|
| YES        | 1     |   |
| NO         | (E19) | 2 |
| REFUSED    | (E19) | 7 |
| DON'T KNOW | (E19) | 8 |
- (67)
- a. How many months have you been having intercourse without contraception?
- |  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|
- # MONTHS
- (68-70)
- PROBE DK FOR BEST GUESS.

IF # MONTHS 12+: GO TO E23.  
OTHERS E19.



- E19. Has there been any time period lasting at least a year, when you and a partner were having sexual intercourse without contracepting?
- |                              |   |      |
|------------------------------|---|------|
| YES .....                    | 1 |      |
| NO ..... (E23) .....         | 2 |      |
| REFUSED ..... (E23) .....    | 7 | (71) |
| DON'T KNOW ..... (E23) ..... | 8 |      |

a. How old were you at the beginning of this time period?

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

(72-73)

AGE

PROBE DK FOR BEST GUESS.

b. How long did this time period last, that is, for how many months were you having intercourse without contracepting?

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

(74-76)

# MONTHS

PROBE DK FOR BEST GUESS.

|            |
|------------|
| GO TO E23. |
|------------|

IF NO PREGNANCY:

- E20. Have you ever had a problem or been concerned about a possible problem with your fertility?
- |                           |   |      |
|---------------------------|---|------|
| YES .....                 | 1 |      |
| NO ..... (E22) .....      | 2 | (77) |
| REFUSED ..... (E22) ..... | 7 |      |

a. Were you concerned about your fertility before you knew that your mother was in a research study at the University of Chicago Hospitals?

- |                           |   |      |
|---------------------------|---|------|
| YES .....                 | 1 |      |
| NO ..... (E22) .....      | 2 |      |
| REFUSED ..... (E22) ..... | 7 | (78) |
| DON'T KNOW .....          | 8 |      |

b. Have you ever had a medical examination for fertility problems not counting any medical exam you might have had at the University of Chicago Hospitals?

- |                           |   |      |
|---------------------------|---|------|
| YES .....                 | 1 |      |
| NO ..... (E22) .....      | 2 | (79) |
| REFUSED ..... (E22) ..... | 7 |      |

E21. What was found? Was there a problem with your reproductive system, with your partner's, with both or was nothing found?

- |                           |   |      |
|---------------------------|---|------|
| FEMALE REPRODUCTION ..... | 1 |      |
| MALE REPRODUCTION .....   | 2 |      |
| BOTH .....                | 3 | (80) |
| NOTHING FOUND .....       | 4 |      |
| REFUSED .....             | 7 |      |
| DON'T KNOW .....          | 8 |      |

E22. Has there ever been a time period of at least a year when you and a partner were having sexual intercourse without doing anything to prevent pregnancy?

- |                              |   |      |
|------------------------------|---|------|
| YES .....                    | 1 |      |
| NO ..... (E23) .....         | 2 |      |
| REFUSED ..... (E23) .....    | 7 | (81) |
| DON'T KNOW ..... (E23) ..... | 8 |      |

a. How old were you when this first happened?  
Please give your age at the beginning of the period when you were having unprotected intercourse.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

(82-83)

AGE

PROBE DK FOR BEST GUESS.

b. How long did this time period last, that is, for how many months were you having unprotected intercourse without contracepting?

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

(84-86)

# MONTHS

PROBE DK FOR BEST GUESS.

- E23. When you were growing up, how did your physical maturation compare with other boys your age? Would you say you matured earlier, later, or at about the same age as other boys?
- |                      |   |      |
|----------------------|---|------|
| EARLIER .....        | 1 |      |
| LATER .....          | 2 |      |
| ABOUT THE SAME ..... | 3 | (87) |
| REFUSED .....        | 7 |      |
| DON'T KNOW .....     | 8 |      |
- E24. Have you ever sought professional help because of a problem (ITEM)?
- |                             |     |    |    |    |      |
|-----------------------------|-----|----|----|----|------|
|                             | YES | NO | RF | DK |      |
| a. having an erection ..... | 1   | 2  | 7  | 8  | (88) |
| b. ejaculating .....        | 1   | 2  | 7  | 8  | (89) |
- E25. Have you ever experienced a decrease in your sex drive that lasted longer than 3 months?
- |                  |   |      |
|------------------|---|------|
| YES .....        | 1 |      |
| NO .....         | 2 |      |
| REFUSED .....    | 7 | (90) |
| DON'T KNOW ..... | 8 |      |
- E26. How old were you when you first had sexual intercourse?
- |  |  |
|--|--|
|  |  |
|--|--|

  
 AGE
- (91-92)
- REFUSED=97, DON'T KNOW=98  
NEVER HAD SEXUAL INTERCOURSE=00 (E27)
- E27. Of the following, which describes your sexual partners during your adult life? Have your adult sexual partners been only women, mostly women, mostly men, or only men?
- |                          |   |      |
|--------------------------|---|------|
| ONLY WOMEN .....         | 1 |      |
| MOSTLY WOMEN .....       | 2 |      |
| MOSTLY MEN .....         | 3 |      |
| ONLY MEN .....           | 4 | (93) |
| NO SEXUAL CONTACTS ..... | 5 |      |
| REFUSED .....            | 7 |      |

Thank you. That's all for this section.

## SECTION F: GENERAL INFORMATION

SEE **INFO FLAP** PREGNANCY STATUS.

IF NO PREGNANCY ..... GO TO F1

IF PREGNANCY REPORTED .... GO TO F2

**F1. IF NO PREGNANCY:**

DID R HAVE A CHICAGO EXAMINATION?

YES ..... 1                      NO ..... 2                      (94)

↓    ↓

We would like to ask a few questions about your activities in 1985, a reference year we've chosen for this study. Questions like these were asked earlier in the interview but I need to ask them now about 1985.

We would like to ask a few questions about your activities in 1985, a reference year chosen for this study.

↓    ↓

ENTER 1985 IN REF. DATE BOX. →

19

ENTER ON **INFO FLAP**. GO TO F4.                      (95-96)

**F2. PREGNANCY IS REPORTED:**

DID R HAVE A CHICAGO EXAMINATION?

YES ..... 1                      NO ..... 2                      (97)

↓    ↓

IS SEMEN ANALYSIS DATE WITHIN 1 YEAR OF OUTCOME DATE?

DATE ON INFO FLAP

YES ..... (F15) ... 1

NO ..... 2

We would like to ask a few questions about your activities at the time before the most recent pregnancy that you fathered. Questions like these were asked earlier in the interview for a different time period.

GO TO F3.

We would like to look more closely at the time before the most recent pregnancy that you fathered.

↓    ↓

(98)

F3. The most recent pregnancy that you fathered (was in/is) (YEAR OF MOST RECENT OUTCOME/the current pregnancy). Please focus on the year before that. That would be FOR CURRENT PREGNANCY: last year.

19

(99-100)

REFERENCE DATE  
ENTER ON **INFO FLAP**

- F4. The next questions are about how things were for you that year.  
It might help if you could think about how old you were, where you were living, and what you were doing in 19\_\_\_\_REFERENCE DATE.

----- PAUSE -----

First, I'll ask you about the job you had then. What kind of work did you do in 19\_\_\_\_?

\_\_\_\_\_

- F5. In your work on the job or in any hobbies or recreational activities in 19\_\_\_\_, were you exposed to any of the following at least once a week?

|  | YES | NO | DK |       |
|--|-----|----|----|-------|
| a. radiation, including x-rays or radio frequency radiation . . . . .        | 1   | 2  | 8  | (101) |
| b. excessive heat, including hot tubs or saunas                              | 1   | 2  | 8  | (102) |
| c. metal fumes, metal dust . . . . .   | 1   | 2  | 8  | (103) |
| d. fuel vapor . . . . .  | 1   | 2  | 8  | (104) |
| e. solvents, stains, lacquers, adhesives . .                                 | 1   | 2  | 8  | (105) |
| f. paints, paint strippers . . . . .   | 1   | 2  | 8  | (106) |
| g. degreasers . . . . .  | 1   | 2  | 8  | (107) |
| h. gases, like nitrous oxide, carbon monoxide, or hydrogen cyanide . . . . . | 1   | 2  | 8  | (108) |
| i. pesticides or herbicides . . . . .  | 1   | 2  | 8  | (109) |
| j. other chemicals . . . . .   | 1   | 2  | 8  | (110) |

IF YES: Which? \_\_\_\_\_ ☐ ☐ (111-112)

\_\_\_\_\_ ☐ ☐ (113-114)

\_\_\_\_\_ ☐ ☐ (115-116)

\_\_\_\_\_ ☐ ☐ (117-118)

- F6. Now I want to ask you about your use of electric blankets.  
During the colder months of 19\_\_\_\_, did you sleep with an electric blanket that you usually turned on?

YES . . . . . 1  
NO . . . . . 2  
REFUSED . . . . . 7 (119)  
DON'T KNOW . . . . . 8



The next questions are about beverages beginning with coffee. First, I will ask about instant coffees and then brewed. Think back to 19\_\_\_\_ REFERENCE DATE?

- F7. On average, how many cups of (BEVERAGE) did you drink per day, per week or per month in 19\_\_\_\_ REFERENCE DATE?

Rec 08

|                            |                                    | USUAL NUMBER OF CUPS |                      |                      |      |         |
|----------------------------|------------------------------------|----------------------|----------------------|----------------------|------|---------|
| LESS THAN 1 PER MONTH = 00 |                                    | PER                  | PER                  | PER                  | NONE |         |
| DON'T KNOW = 98            |                                    | DAY                  | WEEK                 | MONTH                |      |         |
| a.                         | instant caffeinated coffee .....   | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (16-23) |
| b.                         | instant decaffeinated coffee ..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (24-31) |
| c.                         | brewed caffeinated coffee .....    | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (32-39) |
| d.                         | brewed decaffeinated coffee .....  | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (40-47) |

- F8. On average, how many cups or glasses of (BEVERAGE) did you drink per day, per week or per month in 19\_\_\_\_ REFERENCE DATE?

|                            |  | USUAL NUMBER OF CUPS/GLASSES |                      |                      |      |         |
|----------------------------|--|------------------------------|----------------------|----------------------|------|---------|
| LESS THAN 1 PER MONTH = 00 |  | PER                          | PER                  | PER                  | NONE |         |
| DON'T KNOW = 98            |  | DAY                          | WEEK                 | MONTH                |      |         |
| a.                         | herbal or decaffeinated tea, hot or iced ..... | <input type="text"/>         | <input type="text"/> | <input type="text"/> | 00   | (48-55) |
| b.                         | regular tea, hot or iced .....                 | <input type="text"/>         | <input type="text"/> | <input type="text"/> | 00   | (56-63) |

- F9. On average, how many servings of (BEVERAGE) did you drink per day, per week or per month in 19\_\_\_\_ REFERENCE DATE?

|                            |   | USUAL NUMBER         |                      |                      |      |         |
|----------------------------|---|----------------------|----------------------|----------------------|------|---------|
| LESS THAN 1 PER MONTH = 00 |   | PER                  | PER                  | PER                  | NONE |         |
| DON'T KNOW = 98            |   | DAY                  | WEEK                 | MONTH                |      |         |
| a.                         | caffeinated soft drinks like Coke and Mello Yello ..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (64-71) |
| b.                         | caffeine-free soft drinks like 7-UP .....               | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   | (72-79) |

- F10. On average, how many (BEVERAGE) did you drink per day, per week or per month in 19\_\_\_\_REFERENCE DATE?

|                            |                               | USUAL NUMBER OF CUPS/GLASSES |                      |                      |             |
|----------------------------|-------------------------------|------------------------------|----------------------|----------------------|-------------|
|                            |                               | PER<br>DAY                   | PER<br>WEEK          | PER<br>MONTH         | NONE        |
| LESS THAN 1 PER MONTH = 00 |                               |                              |                      |                      |             |
| DON'T KNOW = 98            |                               |                              |                      |                      |             |
| a.                         | bottles or cans of beer ..... | <input type="text"/>         | <input type="text"/> | <input type="text"/> | 00 (80-87)  |
| b.                         | glasses of wine .....         | <input type="text"/>         | <input type="text"/> | <input type="text"/> | 00 (88-95)  |
| c.                         | shots of liquor .....         | <input type="text"/>         | <input type="text"/> | <input type="text"/> | 00 (96-103) |

The next question is about sexual intercourse.

- F11. On average, how often were you having sexual intercourse in 19\_\_\_\_REFERENCE DATE?

|                           | PER<br>WEEK          | PER<br>MONTH         | PER<br>YEAR          | NONE         |
|---------------------------|----------------------|----------------------|----------------------|--------------|
| REFUSED=97, DON'T KNOW=98 |                      |                      |                      |              |
|                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | 00 (104-111) |

- F12. How many cigarettes did you usually smoke per day in 19\_\_\_\_REFERENCE DATE?

(112-114)  
# CIGARETTES  
LESS THAN 1 = 000  
DON'T KNOW = 998

F13. Did you use (ITEM) in 19\_\_\_\_?

F14. On average, how many times did you use  
(ITEM) per day, per week, or per month in 19\_\_\_\_?  
LESS THAN 1 PER MONTH=00, REFUSED=97, DK=98

IF YES: (F14)

Rec 09

a. snuff or chewing tobacco

YES .... 1  
NO .... 2  
RF .... 7  
DK .... 8

| PER<br>DAY           | PER<br>WEEK          | PER<br>MONTH         | NONE |
|----------------------|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   |

(16-24)

b. cigars or pipe tobacco

YES .... 1  
NO .... 2  
RF .... 7  
DK .... 8

| PER<br>DAY           | PER<br>WEEK          | PER<br>MONTH         | NONE |
|----------------------|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   |

(25-33)

c. marijuana

YES .... 1  
NO .... 2  
RF .... 7  
DK .... 8

| PER<br>DAY           | PER<br>WEEK          | PER<br>MONTH         | NONE |
|----------------------|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   |

(34-42)

d. hallucinogens, such as LSD

YES .... 1  
NO .... 2  
RF .... 7  
DK .... 8

| PER<br>DAY           | PER<br>WEEK          | PER<br>MONTH         | NONE |
|----------------------|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   |

(43-51)

e. cocaine, crack, or heroin

YES .... 1  
NO .... 2  
RF .... 7  
DK .... 8

| PER<br>DAY           | PER<br>WEEK          | PER<br>MONTH         | NONE |
|----------------------|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   |

(52-60)

f. stimulants or downers

YES .... 1  
NO .... 2  
RF .... 7  
DK .... 8

| PER<br>DAY           | PER<br>WEEK          | PER<br>MONTH         | NONE |
|----------------------|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 00   |

(61-69)

Just a few more questions.

F15. What is the highest grade in school or  
level in college that you completed?

|                                 |    |
|---------------------------------|----|
| GRADES 1-11 .....               | 01 |
| HIGH SCHOOL GRADUATE .....      | 02 |
| VOCATIONAL/TRADE SCHOOL .....   | 03 |
| SOME COLLEGE OR                 |    |
| TWO-YEAR COLLEGE GRADUATE ..... | 04 |
| COMPLETED COLLEGE .....         | 05 |
| SOME GRADUATE WORK .....        | 06 |
| MASTER'S DEGREE .....           | 07 |
| DOCTORAL, LAW DEGREE .....      | 08 |
| REFUSED .....                   | 97 |
| DON'T KNOW .....                | 98 |

(70-71)

F16. Which of the following best describes  
your current total family income, before  
taxes: less than 15 thousand per year,  
between 15 and 30 thousand, between 30  
and 45 thousand, or over 45 thousand?

|                           |   |
|---------------------------|---|
| <\$15,000 PER YEAR .....  | 1 |
| \$15,000 - \$29,999 ..... | 2 |
| \$30,000 - \$44,999 ..... | 3 |
| \$45,000 OR OVER .....    | 4 |
| REFUSED .....             | 7 |
| DON'T KNOW .....          | 8 |

(72)

F17. SEE INFO FLAP FOR MOST RECENT PREGNANCY. IF NO PREGNANCY, GO TO F18.

To get more information for the (most recent) pregnancy that you fathered,  
I will need to talk to

IF CHILD: \_\_\_\_\_'s mother

CHILD'S 1ST NAME

IF OTHER: your partner whose pregnancy ended in

\_\_\_\_\_ in \_\_\_\_\_  
PREGNANCY OUTCOME MONTH/YEAR

IF CURRENT: your partner for your current pregnancy

about her health in general and particularly about her pregnancy.

GO TO PARTNER PAGE.

F18. Before we leave the questionnaire, do you have any comments or suggestions  
about this study? Is there additional information you feel we should know?

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We appreciate your help with this interview. That's all the questions I have. We will send you the study  
results when they become available. Thank you very much.

TIME INTERVIEW ENDED \_\_\_\_\_ AM  
PM



## PARTNER PAGE

SON \_\_\_\_\_

|     |  |  |  |  |  |  |   |
|-----|--|--|--|--|--|--|---|
| ID# |  |  |  |  |  |  | W |
|-----|--|--|--|--|--|--|---|

What is her name? \_\_\_\_\_

What is her address?\*

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

What is her phone number? WORK PHONE: ( ) \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

IF REPORTED: RELATIONSHIP \_\_\_\_\_

BEST TIME TO BE REACHED \_\_\_\_\_

\*IF ADDRESS SAME AS R, ASK: Is she available now?

IF YES: I would like to tell her about the study and to ask her to do an interview. We would appreciate it if you would not discuss the questionnaire with her until after we can talk with her and, of course, we will not discuss your interview with her.

IF NO: Our staff will try to reach her at a time convenient for her. We would appreciate it if you would not discuss the questionnaire with her until we are able to complete her interview and, of course, we will not discuss your interview with her. When is the best time to try to reach her? (RECORD ABOVE)

**GO TO F18.**

IF ADDRESS AND PHONE NUMBER ARE DIFFERENT FROM HIS, ARE UNCERTAIN OR UNKNOWN:

Our staff will try to reach her to tell her about the study and to ask her to do an interview. We consider what you have told us as confidential and therefore will not discuss your questionnaire with her.

In case we have trouble reaching her, please give us the names of 2 people who would always know how to locate her.

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDR: \_\_\_\_\_

ADDR: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: (        ) \_\_\_\_\_

WORK PHONE: (        ) \_\_\_\_\_

HOME PHONE: (       ) \_\_\_\_\_

HOME PHONE: (       ) \_\_\_\_\_

**GO TO F18.**